**COMMERCIAL INSURANCE PROPOSAL:**

Commercial request to quote and proposal for insurance

Subject to the terms and conditions of the Multimark III wording

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSURANCE ADVISER/BROKER:** | | | | | | | | | |
| Name: Khanyisa Insurance Brokers | | | | | Agency Code No: | | | | |
| Telephone Number: 011 482 5452 / 083 648 1993 | | | | | Fax No: 086 542 0506 | | | | |
| **CLIENT DETAILS:** | | | | | | | | | |
| Name: | |  | | | | | | | |
| Postal Address: | |  | | | | | | | |
| Code | |  | | | | | | | |
| Contact Person: | |  | | | Capacity | |  | | |
| Telephone Number: | |  | | | | | | | |
| ID Number | |  | | | | | | | |
| **RISK DETAILS** | | | | | | | | | |
| Business Description (full details required): | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Risk Address: | | |  | | | | | | |
| Occupation of Premises: | | |  | | | | | | |
| Construction of Buildings: | | |  | | | | | | |
| Hazardous Process: | | |  | | | | | | |
| Other Tenants Occupying the Premises: | | |  | | | | | | |
| Current / Previous Insurers: | | |  | | | | | | |
| Period of Insurance: | | From: | |  | | To: | |  | |
| Claims and Loss Experience Last Five Years: | | | | | | | | | |
| **Date** | **Description** | | | | | | | | **Amount** |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |

**DETAILS PER CLASS**

|  |  |
| --- | --- |
| **SECTION 1: BUILDINGS** | |
| **DETAILS / ADDRESS** | **SUM INSURED** | |
|  | R | |
|  | R | |

|  |  |
| --- | --- |
| Buildings | R |
| Rent (Receivable/Payable) | R |
| Plant, Machinery, Landlord’s Fixtures and Fittings and all other contents | R |
| Stock and Materials in Trade | R |
| Miscellaneous as described and tenants’ improvements | R |
| Additional Claims Preparation Costs | R |

**ADDITIONAL PERILS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Earthquake | YES | NO |
| Special Perils (Storm, wind, water, hail) | YES | NO |
| Malicious Damage (This is not SASRIA) | YES | NO |
| Leakage – Limit Required | YES | NO |
| Subsidence and Landslip (Subject to Engineer’s Report) | YES | NO |

|  |  |
| --- | --- |
| **SECTION 2: BUILDINGS COMBINED** | |
| **DETAILS / ADDRESS** | **SUM INSURED** | |
|  | R | |
|  | R | |
|  | R | |
| Additional Claims Preparation Costs | R | |

**ADDITIONAL PERILS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Subsidence and Landslip (Subject to Engineer’s Report) | YES | NO |
| Riot and Strike (Outside RSA and Namibia) | YES | NO |
| Escalation – specify percentage | YES | NO |
| Prevention of Access | YES | NO |

|  |  |
| --- | --- |
| **SECTION 3: OFFICE CONTENTS** | |
| **DETAILS / ADDRESS** | **SUM INSURED** |
| Contents | R |
| Documents | R |
| Liability for Documents | R |
| Additional Claims Preparation Costs | R |
| **TOTAL** | **R** |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Riot and Strike (Outside RSA and Namibia) | YES | NO |  |  |
| Theft by Forcible and Violent Entry or Exit | YES | NO | First amount payable | R |
| Theft | YES | NO | First amount payable | R |

**NB: COMPUTER EQUIPMENT IS EXCLUDED UNDER THIS SECTION – SEE ELECTRONIC EQUIPMENT**

|  |  |
| --- | --- |
| **SECTION 4: BUSINESS INTERRUPTION** | |
| **DESCRIPTION** | **SUM INSURED** |
| 1. Gross Profit (Difference Basis) | R |
| 2. Gross Profit (Additions Basis) | R |
| 3. Revenue | R |
| 4. Additional Increase in Cost of Working | R |
| 5. Wages (Number of Weeks Basis) Number of Weeks | R |
| 6. Fines and Penalties | R |
| 7. Other | R |
| 8. Additional Claims Preparation Costs | R |

**INDEMNITY PERIOD (Please specify the number of months)** .................... months

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |
| --- | --- | --- | --- |
| Suppliers/Subcontractors (specified) | YES | NO | .......% of the sums insured by items 1 to 5 |
| Suppliers/Subcontractors (unspecified) | YES | NO | .......% of the sums insured by items 1 to 5 |
| Prevention of access – Extended cover | YES | NO |  |
| Customers (specified) | YES | NO | ........% of the sums insured by items 1 to 5 |
| Public Utilities – Insured Perils | YES | NO |  |
| Public Telecommunications – Insured Perils | YES | NO |  |
| Public Utilities – Extended Cover | YES | NO |  |
| Public Telecommunications – Extended Cover | YES | NO |  |
| Accidental Damage (subject to a combined Business Interruption/ Accidental Damage limit as specified in the Accidental Damage Section) | YES | NO | As specified in the Accidental Damage Section |

|  |  |
| --- | --- |
| **SECTION 5: ACCOUNTS RECEIVABLE** | |
| **DESCRIPTION** | **SUM INSURED** |
| Outstanding Debit Balances | R |
| Additional Claims Preparation Costs | R |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Transit Extension | YES | NO |
| Riot and Strike (Outside RSA and Namibia) | YES | NO |

**Note: Declarations of outstanding debit balances to be made within 60 days of the end of month to which they refer.**

|  |  |
| --- | --- |
| **SECTION 6. THEFT** | |
| (Premises to be specified) | **FIRST LOSS** |
|  | R |
|  | R |
|  | R |
|  | R |
| **Total** | **R** |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Damage to Buildings – as a result of attempted Theft – increased limits | YES | NO |

|  |  |
| --- | --- |
| **SECTION 7. MONEY** | |
| (Premises to be specified) | **MAJOR LIMIT** |
|  | R |
|  | R |
| **TOTAL** | **R** |

Limit required during any other specified period:

|  |  |
| --- | --- |
|  | R |
|  | R |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receptacles | YES | NO | Limit | R |
| Additional Claims Preparation Costs | YES | NO | Limit | R |
| Riot and Strike (Outside RSA and Namibia) | YES | NO |  | R |
| Personal Accident Assault | YES | NO | No of Persons |  |
|  |  |  | Capital Sum | R |
|  |  |  | Weekly Sum | R |
|  |  |  | Medicals | R |

|  |  |
| --- | --- |
| **SECTION 8: GLASS** | |
| (Premises to be specified) | **SUM INSURED** |
|  | R |
|  | R |
| Additional Claims Preparation Costs | R |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Special Reinstatement | YES | NO |
| Riot and Strike (Outside RSA and Namibia) | YES | NO |

|  |  |
| --- | --- |
| **SECTION 9: FIDELITY GUARANTEE** | |
| **Name or Position Basis** | **SUM INSURED** |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
| **TOTAL** | **R** |

**Blanket Basis**

|  |  |  |
| --- | --- | --- |
| Number of Employees |  | R |
| Additional Claims Preparation Costs (Either Basis) | | R |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |
| --- | --- | --- | --- |
| Retroactive Cover | YES | NO |  |
| Superseded Policy (.......................... years) | YES | NO |  |
| Voluntary First Amount Payable | YES | NO | R |
| Reinstatement of Sum Insured | YES | NO |  |
| Cost of Recovery Limit | YES | NO | R |
| Computer Losses | YES | NO |  |
| Extension for losses discovered more than 24 months after being committed but not more than 36 months thereafter | YES | NO |  |
| Extension granted on receipt of satisfactory systems audit in respect of losses discovered more than 24 months after being committed | YES | NO |  |
| If YES, attach copy of Systems Audit Report and state name of Accounting Firm | YES | NO |  |

|  |  |
| --- | --- |
| **SECTION 10: GOODS IN TRANSIT** | |
| **Specified Vehicle (Load Limit) Basis** | **SUM INSURED** |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
| **TOTAL** | **R** |

**All Goods usual to the Insured’s Business (Annual Carry) Basis**

|  |  |  |  |
| --- | --- | --- | --- |
| Annual Carry | **R** | Limit per Conveyance | R |

|  |  |  |
| --- | --- | --- |
| Means of Conveyance |  | |
| Additional Claims Preparation Costs (Either Basis) | | R |

**SPECIFY THE TYPE OF COVER REQUIRED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| All Risks | YES | NO |
| Fire, Explosion, Collision, Derailment and Overturning Limitation |  |  |

**FIRST AMOUNT PAYABLE TO BE ADVISED BY INSURER**

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Debris Removal |  |  |
| Riot and Strike (Outside RSA and Namibia) |  |  |
| Fire Extinguishing Charges |  |  |
| Increased Fire Extinguishing Charges |  |  |

|  |  |
| --- | --- |
| **SECTION 11: BUSINESS ALL RISKS** | |
| **DETAILS** | **SUM INSURED** |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
|  | R |
| **Total** | **R** |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Replacement Value Conditions | YES | NO |  |  |
| Increase In Cost of Working | YES | NO | Sum Insured | R |
| Riot and Strike (Outside RSA and Namibia) | YES | NO |  |  |
| Additional Claims Preparation Costs | YES | NO | Sum Insured | R |

|  |  |
| --- | --- |
| **SECTION 12: ACCIDENTAL DAMAGE** | |
| **DETAILS** | **SUM INSURED** |
| 1. All Property as defined in the Section **Total Value** | R |

**OR**

|  |  |
| --- | --- |
| 2. First Loss | R |

|  |  |
| --- | --- |
| Premises |  |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |
| --- | --- | --- | --- |
| Leakage of Oils/Chemicals/Fumes | YES | NO | R |
| Additional Claims Preparation Costs | YES | NO | R |

**FIRST AMOUNT PAYABLE TO BE ADVISED BY INSURER**

|  |
| --- |
| **SECTION 13: PUBLIC LIABILITY** |

**Basis of Cover**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claims Made | YES | NO | If YES, state Retroactive Date |  |
| Occurrence | YES | NO |  |  |

|  |  |
| --- | --- |
| **DETAILS** | **SUM INSURED** |
|  | R |
|  | R |
|  | R |
|  | R |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Products Liability | YES | NO | Sum Insured | R |
| Defective Workmanship | YES | NO | Sum Insured | R |
| Legal Defense Costs/Wrongful Arrest/Defamation | YES | NO | Sum Insured | R |
| EEC Liability | YES | NO | Sum Insured | R |
|  |  |  |  |  |
| **PRODUCTS AND DEFECTIVE WORKMANSHIP REQUIRE A SEPARATE QUESTIONNAIRE TO BE COMPLETED** | | | | |

|  |  |  |
| --- | --- | --- |
| **SECTION 14: EMPLOYERS LIABILITY (Claims Made Basis only)** | | |
| Retroactive Date |  | R |

|  |
| --- |
| **SECTION 15: STATED BENEFITS / GROUP PERSONAL ACCIDENT** |
| **DESCRIPTION/OCCUPATION** | |
|  | |
|  | |
|  | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CIRCUMSTANCES** | **COMPENSATION** | | | | |
|  | **1** | **2** | **3** | **4** |  |
| **Death** |  |  |  |  | times annual earnings |
| **Permanent Disablement** – the specified percentage of |  |  |  |  | times annual earnings |
| **Temporary Total Disablement** | **%** | **%** | **%** | **%** | of average weekly earnings |
| for a period longer than |  |  |  |  | **Week(s)** |
| but not longer than |  |  |  |  | **weeks** |
| **Medical Expenses** | **R** | **R** | **R** | **R** |  |

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Burns Disfigurement Extension | YES | NO |
| Business Hours Limitation | YES | NO |
| Passive War Risks | YES | NO |

|  |
| --- |
| **SECTION 16: MOTOR** |

**ITEM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Make & Model** | **Year** | **Reg No** | **Cover\*** | **CFG** | **Definition\*** | **Value** |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |
|  |  |  |  |  |  | R |

**\*Description of Cover: F (Comprehensive); TPF (Third Party Fire & Theft); T (Third Party Only)**

**\*Definition: A (Private Type Vehicles); B (Commercial Vehicles); C (Motorcycles); D (Buses); E (Trailers)**

**EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)**

|  |  |  |
| --- | --- | --- |
| Contingent Liability | YES | NO |
| Passenger Liability | YES | NO |
| Unauthorised Passenger Liability | YES | NO |
| Parking Facilities | YES | NO |
| Windscreen | YES | NO |
| Loss of Keys | YES | NO |
| Radios and Tape Players | YES | NO |
| Telephones | YES | NO |
| Credit Shortfall | YES | NO |  | **Comprehensive Cover Only** |
| Riot and Strike (Outside RSA & Namibia) | YES | NO |
| Wreckage Removal | YES | NO |
| Loss of Use | YES | NO |

|  |  |
| --- | --- |
| **SECTION 17: ELECTRONIC EQUIPMENT** | |
| **DETAILS** | **SUM INSURED** |
|  | R |
|  | R |
|  | R |
| **Total** | **R** |

**PREMISES**

|  |
| --- |
| R |
| R |
| R |

**MONTHLY PREMIUMS**

(Please complete and sign this section if you want to pay monthly)

Your Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payers Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Payer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION:**

I warrant that the answers given are true and correct and I do not know of any material facts even though specific questions about them have not been asked that should be communicated to the insurers.

I have never been refused insurance for the risks I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. The person completing this request to quote and proposal on my behalf does so as my agent.

I AGREE THAT this request to quote and proposal shall be the basis of the contract between the insurer and myself.

I UNDERSTAND THAT this insurance will not start until this proposal has been accepted by the insurers.

If you are unable to sign this declaration without qualification, please state your reasons below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_